

CLAIMS ONLY							Application Number 09/807367		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			/				51			/	
2				/			52			/	
3				/			53			/	
4				/			54			/	
5				/			55			/	
6				/			56			/	
7				/			57			/	
8				/			58			/	
9				/			59			/	
10				/			60			/	
11				/			61			/	
12				/			62			/	
13				/			63			/	
14				/			64		/		
15				/			65		/		
16				/			66		/		
17				/			67		/		
18				/			68		/		
19				/			69		/		
20				/			70		/		
21				/			71		/		
22				/			72		/		
23				/			73		/		
24				/			74		/		
25				/			75		/		
26				/			76		/		
27				/			77		/		
28				/			78		/		
29				/			79		/		
30				/			80		/		
31				/			81		/		
32				/			82		/		
33				/			83		/		
34				/			84		/		
35				/			85		/		
36				/			86		/		
37				/			87		/		
38				/			88		/		
39				/			89		/		
40				/			90		/		
41				/			91		/		
42				/			92		/		
43				/			93		/		
44			/	/			94		/		
45				/			95		/		
46				/			96		/		
47				/			97		/		
48				/			98		/		
49				/			99		/		
50				/			100		/		
Total Indep							Total Indep		4		
Total Depend							Total Depend		83		
Total Claims							Total Claims		87		